

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12281 OF 129314

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

**A. THOMAS MORRISON**

Mailing Address 2 BAYBERRY LANE

City	State	Zip Code
EAST SANDWICH	MA	02537

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SB28A\_30231842

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for DCCC  
(C00000935)

Full Name (Last, First, Middle Initial)

**B. GAIL MORRISON-HALL**

Mailing Address 8470 LIMEKILN PIKE

City	State	Zip Code
WYNCOTE	PA	19095

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB28A\_30678786

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for ACTBLUE  
(C00401224)

Full Name (Last, First, Middle Initial)

**C. GAIL MORRISON-HALL**

Mailing Address 8470 LIMEKILN PIKE

City	State	Zip Code
WYNCOTE	PA	19095

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB28A\_30678785

Amount of Each Disbursement this Period

250.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC ACTION (C00562983)

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00
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